

LIMITED LIABILITY COMPANY
STATE OF MAINE
COMMERCIAL REGISTERED AGENT
STATEMENT OF
APPOINTMENT or CHANGE

Deputy Secretary of State

A True Copy When Attested By Signature

Deputy Secretary of State

(Name of Limited Liability Company)

Pursuant to [5 MRSA §§105 & 108](#) the undersigned limited liability company executes and delivers the following statement of appointment or change of a commercial Registered Agent.

FIRST: The name and address of the current registered agent appearing on the record in the Secretary of State's office:

(name of current registered agent)

(physical street address, city, state and zip code)

SECOND: The new CRA Public number is: _____

The name of the new CRA is: _____

THIRD: Pursuant to [5 MRSA §108.3](#), the registered agent as listed above has consented to serve as the registered agent for this limited liability company.

FOURTH: (For foreign limited liability companies only)

Jurisdiction of Organization: _____

Date authorized to transact business in the State of Maine: _____

Dated _____

***By** _____

(signature)

(type or print name and capacity)

*This statement **MUST** be signed by:

- (1) at least one manager **OR**
- (2) at least one member if the limited liability company is managed by the members **OR**
- (3) any duly authorized person.

Please remit your payment made payable to the Maine Secretary of State.

Submit completed form to:

Secretary of State

Division of Corporations, UCC and Commissions

101 State House Station, Augusta, ME 04333-0101

Telephone Inquiries: (207) 624-7752

Email Inquiries: CEC.Corporations@Maine.gov

Filer Contact Cover Letter

To: Department of the Secretary of State
Division of Corporations, UCC and Commissions
101 State House Station
Augusta, ME 04333-0101

Tel. (207) 624-7752

Name of Entity (s):

List type of filing(s) enclosed (i.e. Articles of Incorporation, Articles of Merger, Articles of Amendment, Certificate of Correction, etc.) Attach additional pages as needed.

Special handling request(s): (check all that apply)

- ☐ Hold for pick up
☐ Expedited filing - 24 hour service (\$50 additional filing fee per entity, per service)
☐ Expedited filing - Immediate service (\$100 additional filing fee per entity, per service)

Total filing fee(s) enclosed: \$ _____

Contact Information – questions regarding the above filing(s), please call or email: (failure to provide a contact name and telephone number or email address will result in the return of the erroneous filing (s) by the Secretary of State's office)

(Name of contact person)

(Daytime telephone number)

(Email address)

The enclosed filing(s) and fee(s) are submitted for filing. Please return the attested copy to the following address:

(Name of attested recipient)

(Firm or Company)

(Mailing Address)

(City, State & Zip)